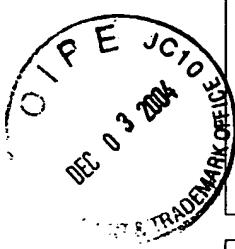


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# TRANSMITTAL FORM

(To be used for all correspondence  
after initial filing)

	Application Number	10/660,244
	Filing Date	September 11, 2003
	First Named Inventor	Noel Woodard
	Art Unit	2632
	Examiner Name	
	Attorney Docket No.	740104.401

## ENCLOSURES (check all that apply)

- |   |
|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Drawing(s) <input type="checkbox"/> After Allowance<br><input type="checkbox"/> Fee Attached <input type="checkbox"/> Request for Corrected Filing <input type="checkbox"/> Communication to TC<br><input type="checkbox"/> Amendment/Response <input type="checkbox"/> Receipt <input type="checkbox"/> Appeal Communication to<br><input type="checkbox"/> After Final <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Board of Appeals and<br><input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Petition <input type="checkbox"/> Interferences<br><input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Petition to Convert to a <input type="checkbox"/> Appeal Communication to<br><input type="checkbox"/> Express Abandonment <input type="checkbox"/> Provisional Application <input type="checkbox"/> TC (Appeal Notice, Brief,<br>Request <input type="checkbox"/> Power of Attorney, <input type="checkbox"/> Reply Brief)<br><input type="checkbox"/> Information Disclosure <input type="checkbox"/> Revocation, Change of <input type="checkbox"/> Proprietary Information<br>Statement; Form PTO-1449 <input type="checkbox"/> Correspondence Address <input type="checkbox"/> Status Letter<br><input type="checkbox"/> Cited References <input type="checkbox"/> Declaration <input type="checkbox"/> Return Receipt Postcard<br><input type="checkbox"/> Certified Copy of Priority <input type="checkbox"/> Statement under 37 CFR <input type="checkbox"/> Other Enclosure(s) (please<br>Document(s) <input type="checkbox"/> 3.73(b) <input type="checkbox"/> identify below):<br><input type="checkbox"/> Response to Missing Parts <input type="checkbox"/> Terminal Disclaimer<br>under 37 C.F.R. 1.52 or 1.53 <input type="checkbox"/> Request for Refund<br><input type="checkbox"/> Response to Missing <input type="checkbox"/> CD, Number<br>Parts/Incomplete Application <input type="checkbox"/> of CD(s)<br><input type="checkbox"/> Landscape Table on CD |
|---|

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Seed Intellectual Property Law Group PLLC	Customer Number	00500
Signature			
Printed Name	Richard C. Vershave		
Date	December 3, 2004	Reg. No.	55,907

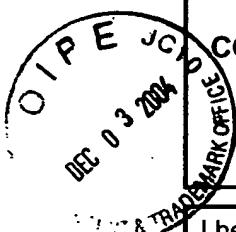
## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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<b>ELECTION AND POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Application Number</b>	10/660,244
	<b>Filing Date</b>	September 11, 2003
	<b>First Named Inventor</b>	Noel Woodard
	<b>Title</b>	COMBINATION SMOKE ALARM AND WIRELESS LOCATION DEVICE
	<b>Art Unit</b>	2632
	<b>Examiner Name</b>	
	<b>Attorney Docket Number</b>	740104.401



I hereby appoint:

Practitioners at Seed IP Law Group PLLC, Customer Number: 00500

**OR**

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above (and any continuation/divisional applications therefrom), and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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<input type="checkbox"/> Firm or Individual Name			
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City	State		ZIP
Country			
Telephone	Fax		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

As assignee of record of the entire interest I/we hereby elect, under 37 CFR 3.71, to prosecute the application to the exclusion of the inventor(s).

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Noel Woodard, Inventor</i>	Date	<i>11/22/2004</i>
Name	Noel Woodard		
Title and Company (Assignee)	<i>President, Peletech Corporation</i>		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

<b>ELECTION AND POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Application Number</b>	10/660,244
	<b>Filing Date</b>	September 11, 2003
	<b>First Named Inventor</b>	Noel Woodard
	<b>Title</b>	COMBINATION SMOKE ALARM AND WIRELESS LOCATION DEVICE
	<b>Art Unit</b>	2632
	<b>Examiner Name</b>	
	<b>Attorney Docket Number</b>	740104.401

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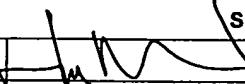
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As assignee of record of the entire interest I/we hereby elect, under 37 CFR 3.71, to prosecute the application to the exclusion of the inventor(s).

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	11/23/04
Name	Jon Woodard		
Title and Company (Assignee)			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.  
Submit multiple forms if more than one signature is required, see below\*.

\*Total of 2 forms are submitted.

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